FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	ORGANIZATION				
		(See instructions)			Office use only
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Example: I over the lir	f typying, type es	12FE4M5	
CONSOL En	ergy Inc. PAC					
ADDRESS (number ar	1000	CONSOL ENERG	Y DRIVE			
(Check if addre	ess					
is changed)	CAN	ONSBURG		Щ	L PA	15317
		C	CITY_		STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)						
(Check if addre	ss davi	dbolewitz@consol	lenergy.co	m 		
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if addressis changed)	ess LLL					
	ـــــا					
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
3. FEC IDENTIFICATION NUMBER C C00279331						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete						
Type or Print Name of Treasurer DAVID BOLEWITZ						
Signature of Treasurer Electronically Filed by DAVID BOLEWITZ Date Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS						
Office Use Only			Feder Toll F	urther information al Election Commis ree 800-424-9530 202-694-1100		FEC FORM 1 (Revised 02/2009)